

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES


PRINTED: 10/09/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E132	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/07/2013
NAME OF PROVIDER OR SUPPLIER TENNOVA NEWPORT CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 450 COLLEGE ST NEWPORT, TN 37821		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 045 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined outside egress exits paths were not provided with lighting and on emergency power The findings include: Observation and interview with the Maintenance Director, on October 7, 2013 at 9:20 p.m. confirmed the outside lights at the rear exit sidewalk was not provided with lighting. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 7, 2013.</p>	K 045	<p>K045</p> <p>Illumination system to be installed in distinct areas to light all pathways as a means of egress. This system will provide one candle foot power as outlined in (2000 NFPA 99)</p>	10/22/13	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the sprinkler system piping was not be used to support non-system components. (NFPA 13 6-1.1.5)</p>	K 062			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Robert S. Thomas Administrator 10/22/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 The findings include: Observation and interview with the maintenance staff on October 7, 2013 at 8:30 p.m. revealed wiring above the lay in ceiling in the corridor was tie wrapped to sprinkler piping by room 27. This finding was verified by the Maintenance Staff and acknowledged by the Administrator during the exit conference on October 7, 2013.	K 062	K062 Removed wire ties from coax cable that is also around sprinkler system piping. Sprinkler system is to be unobstructed and free from debris. This has been given as a standard operating procedure to all maintenance staff. All above ceiling work to be monitored for compliance,	11/23/13	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the emergency generator was not provided with a remote annunciator in an continuously occupied area. (2000 NFPA 99, 3-4.1.1.15). The findings include: Observation and interview with the Maintenance staff, on October 7, 2013 at 11:15 a.m. confirmed the emergency generator annunciator panel was located in a normally unmanned boiler room. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 7, 2013.	K 144	K144 Outside generator contractor has been contacted to install remote annunciator at nursing station. This remote annunciator will meet all expectations required by (2000 NFPA 99).	11/23/13	

RST
10/23/13

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